Uganda

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

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Suggest Updates

- Occupational Exposure in Health Facilities
- Sexual Abuse or Rape

- National Guidelines for HIV Treatment in Uganda (**PDF** / 1 **MB**)
- Addendum to the National Antiretroviral Treatment Guidelines (**PDF** / 2 **MB**)
- National Guidelines for the Prevention of Mother to Child Transmission of HIV in Uganda (**PDF** / 5 **MB**)

Occupational Exposure in Health Facilities

Year Issued:

2009

Criteria for Starting PEP:

In persons who have been accidentally exposed to HIV through needle-stick inoculation or through contamination of mucous membranes by secretions or non-medical exposure e.g. rape and defilement, immediate administration of antiretrovirals may prevent infection from occurring. In this situation ART needs to be continued for one month.

The types of exposures to HIV infected materials that should be considered for post-exposure prophylaxis (PEP) include:

- Needle-stick injury or injury with a sharp object that has been used on a patient
- Mucosal exposure of the mouth or eye by splashing fluids
- Intact skin exposed to a large volume of blood or potentially infectious secretions
- Broken skin exposed to a small volume of blood or secretions
- Non medical exposure e.g. road traffic accidents and rape or defilement

Evaluation of Risk:

Depending on the results of the HIV tests the following actions should be taken:

- If the source patient is HIV negative no further PEP is necessary for the exposed health worker. However, PEP could still be used if the source is considered high risk, when there is a possibility of a highly infectious window period.
- If the exposed health worker is HIV-positive, no further PEP is necessary, but the health worker

should be referred for further counseling and long-term HIV management.
- If the health worker is HIV negative, and the source patient is HIV positive then continue with the ARV drugs for a period of four weeks; repeat health worker's HIV test at 6 weeks, 3 months and 6 months after the initial test. Should the health worker seroconvert during this period then provide appropriate care and counseling and refer for expert opinion and long term management.
- If it is not possible to determine the HIV status of the source patient then assume that the source is positive and proceed according to guidelines in the previous bullet.

Low risk:

- Solid needle, superficial exposure on intact skin
- Small volume (drops of blood) on mucous membrane or non-intact skin exposure
- Source is asymptomatic or VL <1500 c/mL.

High Risk:

- Large bore needle, deep injury, visible blood on device, needle in patient artery/vein
- Large volume (major blood splash on mucous membrane or non-intact skin exposures
- Source symptomatic, acute seroconversion, high viral load.

Recommended Prophylaxis:

Wash the wound/exposed area thoroughly with soap and water.

For the eye or mouth, if contaminated, rinse with plenty of water.

Immediately after exposure all exposed individuals should take PEP according to the assumed risk. Those of low risk should take 2-drug combination and the high risk, a 3-drug combination. Where the risk cannot be ascertained, a 2-drug combination should be used.

The recommended 2-drug combinations are:

- ZDV + 3TC
- ZDV + FTC
- TDF + 3TC
- TDF + FTC

The recommended 3-drug combinations are:

- Any of the above 2-drug combinations + EFZ or a Protease Inhibitor
- EFZ should be avoided if pregnancy is suspected
- Preferred combination is: +EFZ, NFV, or LPV/r

The chosen regimen is continued until the results of HIV tests for patient and injured health worker are known or up to 4 weeks.

In spite of the above recommendations, experience has shown that:

- Despite the risk, those put on 3 drugs have a higher rate of failure to complete the recommended period of treatment of 4 weeks
- Regimens containing EFZ are poorly tolerated and are associated with a higher rate of failure to complete therapy
- Two drug regimen is as successful as three drugs even with those in the high risk category As a result of these observations, we are recommending a two-drug regimen irrespective of the type or risk exposure.

Follow-up Screening Recommendations:

Repeat health worker;s HIV test at 6 weeks, 3 months and 6 months after the initial test.

In Accordance with WHO 2014 PEP Recommendations?:

Y

Sexual Abuse or Rape

Year Issued:

2009

Criteria for Starting PEP:

There is not enough evidence to recommend prophylaxis against infection following casual sexual exposure. However in the event that there has been sexual abuse or rape then it is recommended that the victim be counseled and provided with the drugs recommended for post-occupational exposure prophylaxis. It is important to try and determine the HIV status of the perpetrator. If this is not possible then it may be assumed that the perpetrator is HIV positive and the victim is provided with the treatment as listed for occupational exposure.
